



Delaware Center for  
Health Innovation

# Board Meeting

November 4, 2015

# Agenda

## Topic

### Call to order

Status updates

Board business

Cross Committee prep

Workforce update

Milestones for the coming year

Health IT roadmap

Overall program dashboard

Public comment



# Summary of October DCHI Board meeting

- **Announced DCHI Executive Director, Julane Miller-Armbrister**
- .....
- Update on **practice transformation rollout**
  - **Final vendor announcement** pending contract negotiations
  - **Outreach and enrollment** planned for Q4 2015
- Update on **Common Scorecard**
  - **Attribution hosting** is primary new functionality of Q4 2015 release
- .....
- Discussed several **Board business** items, including:
  - Approval of term renewals for 2 members
  - Approval of an updated Workforce Committee roster
  - DCHI conflict of interest attestation presented to Board members for signature



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# Committee updates (1/2)

Committee	Update	Path forward
Clinical	<ul style="list-style-type: none"> <li>▪ Began initial work on prioritizing needs and approaches for integrating primary care and Behavioral Health</li> <li>▪ Considered how to approach setting statewide goals for all-payer section of the Common Scorecard</li> <li>▪ Reviewed core elements of practice transformation outreach</li> <li>▪ Discussed possible role of Healthy Neighborhoods to enable coordinated care</li> </ul>	<ul style="list-style-type: none"> <li>▪ Begin PT rollout once vendors are announced</li> <li>▪ Connect with Healthy Neighborhoods committee to discuss role in care coordination</li> <li>▪ Continue developing target model/mix of models and implementation plan for Delaware's BHI strategy</li> </ul>
TAG	<ul style="list-style-type: none"> <li>▪ Discussed Scorecard updates for 4th quarter 2015 release and version 2.0 testing in 1st quarter 2016</li> <li>▪ Discussed data quality assurance processes</li> <li>▪ Discussed views of information that may be available (e.g., by practice, group, State)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Late Q4 release of Scorecard data</li> <li>▪ Finalize v2.0 specifications</li> <li>▪ Develop information about the QA process</li> </ul>
Healthy Neighborhoods	<ul style="list-style-type: none"> <li>▪ Held joint working session with Workforce Committee on role of community health workers</li> <li>▪ Discussed considerations for selecting location of first Neighborhood</li> <li>▪ Began discussion of opportunities for specificity in the design of the first Neighborhood</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop recommendations on the location of the first Neighborhood and any specific design elements to facilitate initial launch</li> </ul>

# Committee updates (2/2)

Committee	Update	Path forward
<b>Workforce</b>	<ul style="list-style-type: none"> <li>Reviewed data collected and implications for further data needs about demographic trends shaping Delaware's health care workforce</li> <li>Reviewed progress against milestones for Committee to determine next steps to building the workforce planning model</li> <li>Held joint working session with Healthy Neighborhoods Committee to discuss: 1) role of community health workers; 2) defining a formal curriculum for CHWs; and 3) possible regulatory language to define CHWs in Delaware</li> </ul>	<ul style="list-style-type: none"> <li>Present consensus papers on learning and re-learning to the DCHI at the November meeting.</li> <li>Begin understanding workforce needs for Community Health Workers.</li> <li>Finalize draft consensus paper on recommendations for credentialing health care providers.</li> </ul>
<b>Patient and Consumer</b> <i>(no new update – committee to meet Nov. 5)</i>	<ul style="list-style-type: none"> <li>Received a presentation from Bayhealth on the Healthcare Equality Index</li> <li>Provided input on consumer needs for HIT Roadmap</li> <li>Discussed next steps for gathering broader input and consumer feedback</li> </ul>	<ul style="list-style-type: none"> <li>Initiate broader patient outreach and communications</li> </ul>
<b>Payment</b>	<ul style="list-style-type: none"> <li>Committee deferred recent meeting while awaiting details on new payment models</li> </ul>	<ul style="list-style-type: none"> <li>Assess current availability and adoption of value-based payment</li> <li>Assess new payment models as payers make details available</li> <li>Provide input into ways to catalyze greater adoptions</li> </ul>

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# Board business

**FOR DISCUSSION**

Category	Item
ED report	<ul style="list-style-type: none"><li>▪ Update on DCHI startup and infrastructure</li></ul>
Committee chair election	<ul style="list-style-type: none"><li>▪ Vote on Committee chairs<ul style="list-style-type: none"><li>— Roster is available at your seats for review and approval</li></ul></li></ul>



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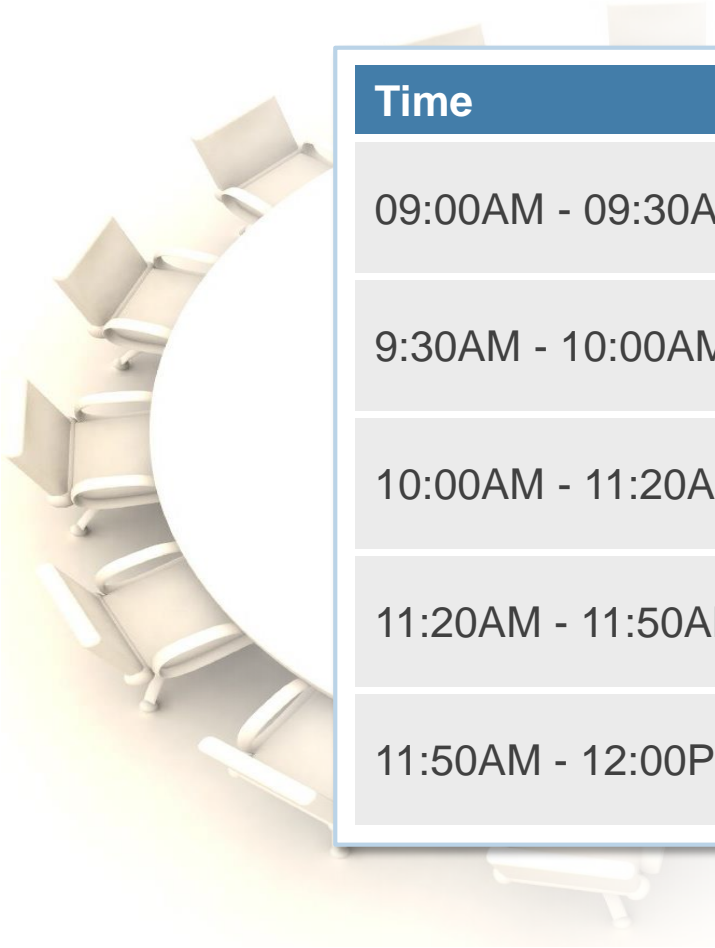
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# Preview of Cross Committee agenda



Time	Topic	Lead(s)
09:00AM - 09:30AM	Introductions & progress updates	Matt, Julane, Sec. Landgraf
9:30AM - 10:00AM	Deep dive on Health IT roadmap	Bettina
10:00AM - 11:20AM	Gallery walk (break included)	Committee co-chairs
11:20AM - 11:50AM	Deep dive on behavioral health integration	Alan
11:50AM - 12:00PM	Path forward	Julane

**November 10, 9:00 am**  
**Duncan Center, Dover**

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# Consensus Paper on Health Care Workforce Curriculum

## Paper for approval

### Contents

- Statewide health care workforce learning and re-learning curriculum
- Alignment of new curriculum with practice transformation support

DRAFT September 2015



Delaware Center for  
Health Innovation

## Health Care Workforce Learning and Re-Learning Curriculum

September 2015

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# Context: The SIM operational plan

## Context

- HCC must submit an **Operational Plan** to CMMI for each year of the SIM Model Test Award as part of grant administration
- HCC is currently refreshing this operational plan for 2016

## Inputs from DCHI

- **Input from the Board** on the Operational Plan will be important in several areas
- For discussion today:
  - **Milestones for the coming year**
  - **Health IT roadmap**

## Context: Milestones for the coming year

- The following pages provide a **starter list of 2016 milestones for DCHI** based previous existing planning efforts and the current status of committee activities
- These milestones can be **reviewed and revised based on feedback** now and over the coming week

# Major milestones for the coming year (1/2)

STARTER LIST  
FOR DISCUSSION

	Milestones	Timing
<b>DCHI Board and program admin</b>	<ul style="list-style-type: none"> <li>Open board seats filled</li> <li>Overall program dashboard operational</li> <li>DCHI admin and HN program coordinator hired</li> <li>2-3 cross-committee meetings throughout 2016</li> </ul>	<ul style="list-style-type: none"> <li>Beginning of 2016</li> <li>Q1 2016</li> <li>Q1 2016</li> <li>Exact timing TBD</li> </ul>
<b>Scorecard</b>	<ul style="list-style-type: none"> <li>Launch v2.0 Scorecard statewide</li> <li>Additional enhancements to scorecard               <ul style="list-style-type: none"> <li>Goal setting/benchmarks</li> <li>Practice transformation milestones</li> <li>Patient experience</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Q2 2016</li> <li>Q1-Q2 2016</li> <li>Q2 2016</li> <li>Q3 2016</li> </ul>
<b>Technology</b>	<ul style="list-style-type: none"> <li>Behavioral Health EHR incentives begin distribution</li> <li>Work begins on patient engagement and multi-payer claims data store (TBD)</li> </ul>	<ul style="list-style-type: none"> <li>Q1 2016</li> <li>TBD</li> </ul>
<b>Practice transformation</b>	<ul style="list-style-type: none"> <li>PT Wave 1 initiation</li> <li>PT Wave 2 initiation</li> </ul>	<ul style="list-style-type: none"> <li>January 1, 2016</li> <li>Q3 2016</li> </ul>
<b>Behavioral Health integration</b>	<ul style="list-style-type: none"> <li>Implementation of Behavioral Health Integration strategy (strategy under development)</li> </ul>	<ul style="list-style-type: none"> <li>February 2016</li> </ul>
<b>Effective diagnosis and treatment</b>	<ul style="list-style-type: none"> <li>Develop and finalize strategy to address unexplained variations in delivery of care</li> </ul>	<ul style="list-style-type: none"> <li>2H 2016</li> </ul>



# Major milestones for the coming year (2/2)

STARTER LIST  
FOR DISCUSSION

	Milestones	Timing
Payment	<ul style="list-style-type: none"> <li>Highmark Medicaid TCC Pilot</li> <li>Highmark Medicaid P4V Pilot</li> <li>Highmark re-contracting for statewide P4V model (start date 1/1/17)</li> <li>United Medicaid TCC pilot</li> <li>United Medicaid P4V pilot</li> </ul>	<ul style="list-style-type: none"> <li>Early 2016</li> <li>July 1, 2016</li> <li>Throughout 2016</li> <li>TBD</li> <li>TBD</li> </ul>
Healthy Neighborhoods	<ul style="list-style-type: none"> <li>Initial three Neighborhoods identified</li> <li>First Neighborhood launched</li> <li>Pilot of Healthy Neighborhoods care coordination approach (e.g., Community Health teams) (TBD)</li> </ul>	<ul style="list-style-type: none"> <li>February 2016</li> <li>Q2 2016</li> <li>Q2 2016 (TBD)</li> </ul>
Workforce	<ul style="list-style-type: none"> <li>Health Professionals Consortium up and running</li> <li>Consensus paper on workforce credentialing</li> <li>Workforce curriculum available</li> <li>Workforce capacity planning in place</li> </ul>	<ul style="list-style-type: none"> <li>Q1 2016</li> <li>Q1 2016</li> <li>End of 2016</li> <li>End of 2016</li> </ul>
Patient	<ul style="list-style-type: none"> <li>Rollout of readily available health literacy materials</li> <li>Finalize path forward for patient portal</li> <li>Implement patient engagement and outreach strategy</li> </ul>	<ul style="list-style-type: none"> <li>Q1 2016</li> <li>Early 2016</li> <li>Throughout 2016</li> </ul>
Other	<ul style="list-style-type: none"> <li>Additional work to be conducted on:               <ul style="list-style-type: none"> <li>Advanced care planning</li> <li>Managing transitions of care</li> <li>LTSS/LTC value-based payment</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>TBD</li> </ul>

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# Context: Health IT roadmap

- As part of the **Operational Plan**, HCC is preparing to submit a **Delaware SIM Health IT Roadmap to CMMI**
- The roadmap defines **how health IT will achieve statewide health transformation**
- To design this roadmap, we have **interviewed stakeholders** from the State, DCHI, providers, payers, and patients/consumers
- Today we would like to have a dialogue on the **emerging proposal for HIT priorities and focus areas for the next year**

# Overview of stakeholder conversations

## **A variety of stakeholders have given input on the HIT roadmap:**

- 6 provider organizations/ACOs
- 3 payers/ Health IT organizations
- DHIN, DCHI, DMMA and DPH
- Patient & Consumer Committee
- 1 insurance brokerage
- 5 practicing DE providers (2 independent practices, 2 hospital-affiliated, 1 behavioral health provider)

**Stakeholder input has defined a set of priority areas for the Health IT roadmap**

# Topics for inclusion in HIT roadmap

Topic	HIT roadmap elements	2016 SIM priorities
Healthcare system capabilities	<ul style="list-style-type: none"> <li>▪ <b>Claims-based information</b> for providers to inform care decisions in VBP models</li> <li>▪ <b>Population health management analytics</b> based on clinical and/or claims data by individual payers and providers</li> <li>▪ <b>Clinical data access</b> through a common interface or gateway</li> <li>▪ <b>Event notifications</b> across the health system: expand reach within primary care, expand alerts to home health and SNF<sup>1</sup></li> <li>▪ Standalone <b>direct secure messaging services</b> for users without the capability through EMRs (e.g., LTPAC, behavioral health)</li> </ul>	<ol style="list-style-type: none"> <li>1 Develop a multi-payer claims database for PHM analytics and public health planning</li> <li>2 Enable submission of standardized clinical data types to enable continuity of care</li> <li>3 Expand event notifications within primary care and across the care continuum</li> </ol>
Patient and consumer engagement	<ul style="list-style-type: none"> <li>▪ Public tools created or linked from other sources to increase <b>health literacy</b></li> <li>▪ <b>Consumer transparency</b> into both cost and quality information</li> <li>▪ Equity and access for <b>telehealth</b> (as per recent DE legislation)</li> </ul>	<ol style="list-style-type: none"> <li>4 Connect consumers to health literacy information</li> </ol>
Research and evaluation	<ul style="list-style-type: none"> <li>▪ Datasets used to support <b>SIM population health dashboard</b> (e.g., epidemiology and clinical outcomes using claims)</li> <li>▪ Datasets and tools for analyses on the <b>progress of DE healthcare system</b> against innovation goals (e.g., adoption of new payment models, progress toward practice transformation)</li> <li>▪ Datasets used to support community-level health goals for <b>Healthy Neighborhoods</b></li> </ul>	<ol style="list-style-type: none"> <li>5 Enable access to claims information from multi-payer database for Healthy Neighborhoods insights [discussed as part of #1]</li> </ol>

<sup>1</sup> Pending technical feasibility of generating these alerts

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


# Where we are in developing the Program Dashboard

- As a reminder, the overall program dashboard is intended to answer 3 questions:
  - Is DCHI achieving its goals?
  - Where are there opportunities to address specific needs or share best practices?
  - What programmatic decisions/changes should we consider?
- In April, this group reviewed the Program Dashboard and discussed the process for gaining committee input on measures
- Following that discussion, conversations were held and feedback was sought from each of the committees
- This feedback has been incorporated along with other recent developments (e.g., Scorecard v2.0) into a revised version of the Program Dashboard
- The goal for today is to align on the current direction for the Dashboard and the next steps required to reach a final version

# Recap: Original Program Dashboard measures

AS OF APRIL 2015

 Roll-up from common provider scorecard

Domain	Category	Metrics	Committee
Health Improvement	Health risk factors	<ul style="list-style-type: none"> <li>Percent cigarette smoking</li> <li>Percent of Delawareans eating fruits and vegetables</li> <li>Percent of Delawareans who report physical inactivity</li> </ul>	Healthy Neighborhoods
	Prevalence and incidence	<ul style="list-style-type: none"> <li>Hypertension prevalence</li> <li>Diabetes prevalence</li> <li>Obesity prevalence</li> </ul>	
	Health outcomes	<ul style="list-style-type: none"> <li>Cancer death per 100,000</li> <li>Coronary heart disease deaths</li> <li>30 Day Mortality Rate, all-cause, risk-adjusted post PCI intervention/cardiogenic shock/AMI</li> <li>Infant mortality</li> </ul>	
Care Improvement	Quality of care	Percent of primary care providers meeting benchmark for at least 10 out of 14 quality of care measures	Clinical
	Patient experience	Survey/measure for patient access and physician effectiveness (e.g., CAHPS)	
Cost reduction	Delaware goal	Actual total cost of care per patient vs. expected total cost of care (based on historic growth rate)	Payment
	Total cost of care	Risk-adjusted, total of cost of care per patient	
	Utilization	<ul style="list-style-type: none"> <li>Inpatient admissions per 1000 patients</li> <li>ED visits per 1000 patients</li> <li>Hospital All-Cause Unplanned Readmissions, Risk Adjusted</li> </ul>	
Implementation	Clinical	Percent of eligible patient population (i.e., top 10-15% highest risk) with a care plan	Clinical
	Patient	<ul style="list-style-type: none"> <li>Number of patients / consumers consulted on DCHI activities per year</li> <li>Percent of Delawareans reached with messages about innovation activities</li> <li>Percent of Delawareans reached with messages about patient engagement tools</li> </ul>	Patient & Consumer advisory
	Payment	<ul style="list-style-type: none"> <li>Fraction of payments made through a value-based model</li> <li>Payers offering at least one P4V and one TCC model</li> <li>Fraction of DE primary care providers enrolled in new payment models</li> </ul>	Payment committee
	Workforce strategy	Percent of relevant primary care workforce in Delaware that has participated in a SIM-sponsored training program	Workforce
	Healthy Neighborhoods	Percent of population covered by a Healthy Neighborhood	Healthy Neighborhoods
	Health information IT	Percent of practices receiving the common provider scorecard	Clinical
Provider transformation	Provider performance	Percent of practice offering expanded access to care	Clinical
Payer transformation	Payer performance	<ul style="list-style-type: none"> <li>Average medical loss ratio (across payers)</li> <li>Growth rate of healthcare premiums vs. growth rate of total cost of care in DE</li> </ul>	Payment



# Summary of feedback heard on original version during discussions with committees

## What we heard

- Too many measures (both overall and per SIM program)
- Imbalance between process and outcome measures
- Measures did not reflect the latest thinking from each of the committees

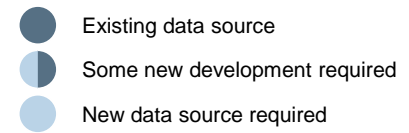
## What we changed

- Limited Dashboard to one measure per SIM program or aspect of the “Triple Aim +1”
- Increased focus on outcome measures
- Updated measures to reflect progress made to-date across committees

# Draft overall program dashboard

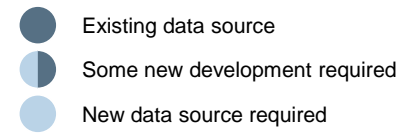
		Metric
Overall Outcomes	Overall health	Overall health ranking
	Cost	Total medical and pharmacy expenditures
	Quality	Safety and effectiveness of medical care provided to patients
	Provider satisfaction	Satisfaction as a leading indicator of provider participation in market
	Patient experience	Patient satisfaction with provider care and payers
Progress in DCHI program areas	Care delivery	Provider implementation of innovative care techniques
	Payment innovation	Availability and adoption of new payment models by payers and providers
	Healthy Neighborhoods	Resource availability and coverage levels throughout the state
	Workforce	Provider workforce availability against market needs
	Patient	Patient adoption behavior of health best practices

# Overall outcomes



	Metric	Methodology	Source	Frequency of update	Current capability	Steps required to operationalize
Overall health	<ul style="list-style-type: none"> <li>Overall health ranking</li> </ul>	<ul style="list-style-type: none"> <li>Combines behaviors, community conditions, policies, and clinical care data to provide a holistic analysis</li> </ul>	<ul style="list-style-type: none"> <li>America's Health Rankings</li> </ul>	<ul style="list-style-type: none"> <li>Annual</li> </ul>		<ul style="list-style-type: none"> <li>Incorporate ranking into final dashboard tool</li> </ul>
Cost	<ul style="list-style-type: none"> <li>Total medical and pharmacy expenditures</li> </ul>	<ul style="list-style-type: none"> <li>Compares total cost of care to GDP and per capita cost goals</li> </ul>	<ul style="list-style-type: none"> <li>Common Scorecard</li> </ul>	<ul style="list-style-type: none"> <li>Annual</li> </ul>		<ul style="list-style-type: none"> <li>Clarify methodology used by payers to determine TCC</li> <li>Ensure compliance with standards for payers to share cost data</li> </ul>
Quality	<ul style="list-style-type: none"> <li>Safety and effectiveness of medical care provided to patients</li> </ul>	<ul style="list-style-type: none"> <li>% of PCPs meeting 75% or more of DCHI goals</li> </ul>	<ul style="list-style-type: none"> <li>Common Scorecard</li> </ul>	<ul style="list-style-type: none"> <li>Annual</li> </ul>		<ul style="list-style-type: none"> <li>Goals for each measure and overview section of Scorecard still need to be set by DCHI committees</li> </ul>
Provider satisfaction	<ul style="list-style-type: none"> <li>Satisfaction as a leading indicator of provider participation in market</li> </ul>	<ul style="list-style-type: none"> <li>Composite of provider satisfaction indicators from provider survey</li> </ul>	<ul style="list-style-type: none"> <li>Provider survey</li> </ul>	<ul style="list-style-type: none"> <li>Annual</li> </ul>		<ul style="list-style-type: none"> <li>Make final determination on inclusion and evaluate possible survey instruments</li> </ul>
Patient experience	<ul style="list-style-type: none"> <li>Patient satisfaction with provider care and payers</li> </ul>	<ul style="list-style-type: none"> <li>Single patient satisfaction indicator or composite of indicators from patient survey</li> </ul>	<ul style="list-style-type: none"> <li>Patient survey</li> </ul>	<ul style="list-style-type: none"> <li>Annual</li> </ul>		<ul style="list-style-type: none"> <li>Determine how to operationalize CAHPS-CG instrument and which indicator(s) to include</li> </ul>

# Progress in DCHI program areas



	Metric	Methodology	Source	Frequency of update	Current capability	Steps required to operationalize
Care delivery	<ul style="list-style-type: none"> <li>Provider implementation of innovative care techniques</li> </ul>	<ul style="list-style-type: none"> <li>% of practices meeting 12-month transformation milestones;</li> <li>% PCPs logging into common scorecard</li> </ul>	<ul style="list-style-type: none"> <li>PT vendor reports; DHIN; Scorecard</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly</li> </ul>		<ul style="list-style-type: none"> <li>Operationalize data sharing with PT vendors</li> <li>Clarify how NCQA PCMHs will be counted</li> <li>Build out Scorecard functionality</li> </ul>
Payment innovation	<ul style="list-style-type: none"> <li>Availability and adoption of value-based payment (VBP) models by payers and providers</li> </ul>	<ul style="list-style-type: none"> <li>Review of VBP models (e.g., P4V, TCC) offered by payers to PCPs</li> <li>% population covered by VBP models</li> </ul>	<ul style="list-style-type: none"> <li>Payor data</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly</li> </ul>		<ul style="list-style-type: none"> <li>Establish data sharing standards and requirements with payers</li> <li>Clarify denominator to be used for PCPs</li> </ul>
Healthy Neighborhoods	<ul style="list-style-type: none"> <li>Resource availability and coverage levels throughout the state</li> </ul>	<ul style="list-style-type: none"> <li>Delawareans part of a Healthy Neighborhood</li> </ul>	<ul style="list-style-type: none"> <li>Patient survey</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly</li> </ul>		<ul style="list-style-type: none"> <li>Based solely on rollout of HN program and population data</li> </ul>
Workforce	<ul style="list-style-type: none"> <li>Provider workforce availability against market needs</li> </ul>	<ul style="list-style-type: none"> <li>Compares provider workforce capacity available vs. required</li> </ul>	<ul style="list-style-type: none"> <li>TBD; workforce reports</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly</li> </ul>		<ul style="list-style-type: none"> <li>Determine measures to be used and approach based on existing workforce reports</li> </ul>
Patient	<ul style="list-style-type: none"> <li>Patient adoption of health best practices</li> </ul>	<ul style="list-style-type: none"> <li>% of individuals with a PCP</li> <li>% of individuals using patient engagement tools</li> </ul>	<ul style="list-style-type: none"> <li>TBD</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly</li> </ul>		<ul style="list-style-type: none"> <li>Identify possible sources or survey instruments to be used</li> </ul>

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# Upcoming DCHI Committee Meetings



## Payment Model Monitoring

- November 4, 4:30pm
- UD STAR Campus



## Patient and Consumer Advisory

- November 5, 1:00pm
- Edgehill Shopping Center



## Workforce and Education

- November 12, 1:00pm
- UD STAR Campus



## Healthy Neighborhoods

- November 12, 3:15pm
- UD STAR Campus



## Clinical

- November 17, 5:00pm
- UD STAR Campus

**Please check the DCHI website ([www.DEhealthinnovation.org](http://www.DEhealthinnovation.org)) for the latest information about all DCHI Board and Committee meetings**